

State of Hawaii
Department of Education

Request for Proposals

RFP No. *RFP F06-078*

School Based Behavioral Health Services
Kauai Complex Area

October 12, 2005

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 12, 2005

REQUEST FOR PROPOSALS

School Based Behavioral Health Services
RFP No. EDN 150-F07-01

The Department of Education (DOE), Kauai Complex Area Office, is requesting proposals from qualified Providers to provide psychological or psychiatric assessment and intervention services to eligible students who are in need of such services. The contract term will be from July 1, 2006 through June 30, 2007. Multiple contracts may be awarded under this request for proposals.

Copies of this RFP may be obtained at the Department of Education, Kauai Complex Area Office, School Based Behavioral Health Services Section, 3060 Eiwa Street, Room 305, Lihue, Hawaii 96766 or from the SPO website: <http://www2.hawaii.gov/spoh/rfps.htm>

The Kauai Complex Area Office will conduct an orientation meeting on October 27, 2005, from 09:00 a.m. to 11:00 a.m. Hawaii Standard Time (HST), at the Department of Education, Kauai Complex Area Office, 3060 Eiwa Street, Room 301, Lihue, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is November 14, 2005 at 4:00 p.m. H.S.T. All written questions will receive a written response from the State on or about December 15, 2005.

Proposals shall be mailed and postmarked by the United States Postal Service on or before January 13, 2006, or hand delivered no later than 4:00 p.m., H.S.T., January 13, 2006, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

Inquiries regarding the administration of this RFP should be directed to Ms. Gail Nakaahiki, Department of Education, Kauai Complex Area Office, School Based Behavioral Health Services Section, 3060 Eiwa Street, Room 305, Lihue, Hawaii 96766 or by telephone at (808) 274-3500.

Inquiries regarding substantive programmatic issues should be directed to the RFP Contact Person, Ms. Jill Yoshimatsu, at the same address and telephone number listed in the preceding paragraph.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

ONE ORIGINAL AND THREE COPIES OF THE PROPOSAL ARE REQUIRED.

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL
SERVICE (USPS) NO LATER THAN
January 13, 2006**

All Mail-ins

Department of Education
Kauai Complex Area Office
School Based Behavioral Health Services Section
Attn: Gail Nakaahiki
3060 Eiwa Street, Room 305
Lihue, Hawaii 96766

DOE RFP COORDINATOR

Ms. Jill Yoshimatsu
For further info or inquiries
Phone: (808) 274-3500
Fax: (808) 274-3508

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES
UNTIL 4:00 p.m. H.S.T., January 13, 2006.**

Drop-off Sites

Department of Education
Kauai Complex Area Office
School Based Behavioral Health Services Section
Attn: Gail Nakaahiki
3060 Eiwa Street, Room 305
Lihue, Hawaii 96766

Department of Education
Procurement and Contracts Branch
94-275 Mokuola Street, Room 200
Waipahu, Hawaii 96797

**BE ADVISED: All mail-ins postmarked by USPS after January 13, 2006, will not be
accepted for review and will be returned.**

**Hand deliveries will NOT be accepted after 4:00 p.m., January 13,
2006.**

**Deliveries by private mail services such as Fedex shall be considered
hand deliveries and will NOT be accepted if received after 4:00 p.m.,
January 13, 2006.**

RFP Table of Contents

Section 1 - Administrative Overview

I.	Authority	1-1
II.	RFP Organization.....	1-1
III.	Contracting Office	1-1
IV.	Procurement Timetable.....	1-2
V.	Orientation	1-2
VI.	Submission of Questions	1-3
VII.	Submission of Proposals	1-3
VIII.	Discussions with Applicants	1-5
IX.	Opening of Proposals.....	1-5
X.	Additional Materials and Documentation.....	1-6
XI.	RFP Amendments	1-6
XII.	Final Revised Proposals.....	1-6
XIII.	Cancellation of Request for Proposals.....	1-6
XIV.	Costs for Proposal Preparation.....	1-6
XV.	Provider Participation in Planning.....	1-6
XVI.	Rejection of Proposals	1-7
XVII.	Notice of Award.....	1-7
XVIII.	Protests.....	1-7
XIX.	Availability of Funds	1-8
XX.	Monitoring and Evaluation	1-8
XXI.	General and Special Conditions of the Contract.....	1-9
XXII.	Cost Principles	1-9

Section 2 - Service Specifications

I.	Introduction.....	2-1
	A. Overview, Purpose or Need	2-1
	B. Description of the Goals of the Service	2-1
	C. Description of the Target Population to be Served.....	2-2
	D. Geographic Coverage of Service	2-3
	E. Probable Funding Amounts, Source, and Period of Availability.	2-3
II.	General Requirements.....	2-3
	A. Specific Qualifications or Requirements	2-3
	B. Secondary Purchaser Participation	2-4
	C. Multiple or Alternate Proposals	2-4
	D. Single or Multiple Contracts to be Awarded	2-4
	E. Single or Multi-Term Contracts to be Awarded	2-4
	F. RFP Contact Person	2-5
III.	Scope of Work	2-5
	A. Service Activities	2-5
	B. Work Activities.....	2-9
	C. Management Requirements	2-30
	D. Facilities.....	2-30

Section 3 - Proposal Application Instructions

General Instructions for Completing Applications	3-1
I. Program Overview	3-1
II. Experience and Capability	3-2
E. Necessary Skills	3-2
F. Experience.....	3-2
G. Quality Assurance and Evaluation.....	3-2
H. Operational Plan.....	3-2
I. Coordination of Services.....	3-3
J. Facilities.....	3-3
III. Project Organization and Staffing.....	3-3
A. Staffing.....	3-3
B. Project Organization	3-4
IV. Service Delivery.....	3-4
V. Financial.....	3-5
A. Pricing Structure	3-5
B. Other Financial Related Materials	3-6
VI. Other	3-7
A. Litigation.....	3-7

Section 4 – Proposal Evaluation

I. Introduction.....	4-1
II. Evaluation Process	4-1
III. Evaluation Criteria	4-2
A. Phase 1 – Evaluation of Proposal Requirements	4-2
B. Phase 2 – Evaluation of Proposal Application.....	4-2
C. Phase 3 – Recommendation for Award	4-5

Section 5 – Attachments

Attachment A.	Competitive Proposal Application Checklist
Attachment B.	Sample Proposal Table of Contents
Attachment C.	Emotional Behavioral Assessment (Comprehensive Report
Attachment D.	Emotional Behavioral Assessment (Annual) Report
Attachment E.	School Based Day Treatment Program Consultation Weekly Case Review Report
Attachment F.	Psychiatric Medication Evaluation Report
Attachment G.	Final Report
Attachment H.	Federal Certifications

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

State of HawaiiDepartment of: *Education*Office: *Kauai Complex Area*Section: *School Based Behavioral Health Services**3060 Eiwa Street, Room 305**Lihue, Hawaii 96766*

Contract

Administrator: *Ms. Jill Yoshimatsu*Phone (808) 274-3500 Fax: (808) 274-3508**IV. Procurement Timetable**

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	10/12/2005
Distribution of RFP	10/12/2005
RFP orientation session	10/27/2005
Closing date for submission of written questions for written responses	11/14/2005
State purchasing agency's response to applicants' written questions	12/15/2005
Discussions with applicant prior to proposal submittal deadline (optional)	n/a
Proposal submittal deadline	1/13/2006
Discussions with applicant after proposal submittal deadline (optional)	n/a
Final revised proposals (optional)	n/a
Proposal evaluation period	1/16/2006 – 2/28/2006
Provider selection	3/15/2006
Notice of statement of findings and decision	3/31/2006
Contract start date	7/1/2006

V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: 10/27/2005 **Time:** 9:00 a.m. – 11:00 a.m.
Location: 3060 Eiwa Street, Room 301, Lihue, Hawaii

Applicants are encouraged to submit written questions prior to the orientation. Questions may be faxed to Ms. Gail Nakaahiki at the Kauai Complex Area Office at (808) 274-3508 or emailed to Gail_Nakaahiki@notes.k12.hi.us. Impromptu

questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person(s) identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Department responses to applicant written questions will be posted on the SPO website, and can be viewed after the response date identified below, by clicking on the Procurement notices link at: <http://www.spo.hawaii.gov/>

Deadline for submission of written questions:

Date: 11/14/2005 **Time:** 4:00 p.m. HST

State agency responses to applicant written questions will be provided by:

Date: 12/15/2005

VII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.

4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

If a tax clearance is required at time of proposal submittal and is not submitted, a proposal otherwise responsive and responsible shall be rejected.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and

Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm

Certification will be required at time of contract award.

- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

IX. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be

held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community

needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVI. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XVIII. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal

Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency		Chief Procurement Officer	
Name:	<i>Patricia Hamamoto</i>	Name:	<i>Jill Yoshimatsu</i>
Title:	<i>Superintendent</i>	Title:	<i>Educational Specialist, SBBHS</i>
Mailing Address:	<i>P.O. Box 2360 Honolulu, Hawaii 96804</i>	Mailing Address:	<i>3060 Eiwa Street, Room 305 Lihue, Hawaii 96766</i>
Business Address:	<i>1390 Miller Street Honolulu, Hawaii 96813</i>	Business Address:	<i>Same as above.</i>

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management

(5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

The Hawaii Department of Education (DOE) administers the statewide system of public schools. The scope of educational programs and services of the public schools encompasses grades kindergarten through twelve, and such pre-school programs and community/adult education curricula as may be authorized. In addition to regular programs of instruction and support services, the Department offers special programs and services for students who are disabled, gifted, learning English as a second language, economically and culturally disadvantaged, school-alienated, or institutionally confined. Applicable Federal and State statutes and regulations govern the provision of some behavioral health services (i.e., 34 C.F.R. Section 300 and Hawaii Administrative Rules Chapters 53 and 56).

In accordance with the Individuals with Disabilities Education Act (IDEA) and Section 504 – Subpart D of the Rehabilitation Act of 1973 (as amended in 1974), the Department strives to provide an integrated educational model for students with educational disabilities to benefit from their education.

The purpose of this request for proposal (RFP) is to solicit private providers of psychological or psychiatric assessment and intervention services interested in delivering services through the school based behavioral health and educational models within the Comprehensive Student Support System (CSSS). The Department anticipates the need to develop contracts to augment services provided by DOE employees in the provision of a variety of assessment and intervention services that reflect the CSSS educational model.

The CSSS educational model is a strengths-based, multidisciplinary team decision-making model focusing on learning and development. It is based upon the understanding that an individual's capacity to meet expectations is based upon unique inherent characteristics and previous learning opportunities. It promotes the early identification of new learning opportunities to further increase the behavioral repertoire of students

B. Description of the goals of the service

School-based behavioral health services are provided within the context of the Hawaii Department of Education Comprehensive Student Support System. As part of an integrated programmatic approach, these services

are designed to provide the personalized support necessary to assist students to successfully engage standards-based educational opportunities through overcoming individual barriers to learning. The primary goal is to remove barriers to learning through the provision of behavioral health services to students emphasizing the development of skills necessary to meet the social, emotional and behavioral demands of the learning and school community environment.

Psychological and psychiatric assessment and intervention services provided are to be integrated with DOE employee-provided or contracted behavioral health services in order to ensure timely and appropriate access to a full array of educational and behavioral health services that are organized in a coordinated and collaborative manner in an accountable, cost effective, performance-based system for providing services to assist all students.

C. Description of the target population to be served

Students eligible for the services described in this RFP must meet the following criteria:

1. The student has or is suspected of having a disability described in Hawaii Administrative Rules (HAR) Sections 8-56-16 to 8-56-29 OR HAR Sections 8-53-1 to 8-53-38; AND
2. The student has an Individualized Educational Plan (IEP) developed under criteria described in HAR Chapter 56, that is, a student is eligible for services under HAR Chapter 56 criteria and the student needs special education and related services because of a disability described in paragraph (1) above; OR
3. The student has a Modification Plan (MP) developed under criteria described in HAR Chapter 53, that is, a student is eligible for services under HAR Chapter 53 criteria and the student needs a modification plan and related services because of having a disability described in paragraph (1) above; AND
4. The student resides in the State and comes within the following age range: (i) at least three years of age and (ii) under twenty years on the first instructional day of the school year as set forth by the Department of Education; AND
5. The student is currently exhibiting moderate to severe social, emotional, or behavioral deficits and is in need of behavioral or mental health services in order to benefit from his or her free and appropriate public education.

D. Geographic coverage of service

The services are sought for Kauai County. Refer to Section 3 POS Proposal Applications for specific requirements in submitting proposals by district, complex and/or by school(s).

E. Probable funding amounts, source, and period of availability

It is expected that state funds will be used to support these services. The current general fund appropriation for school based behavioral health services approximates \$1 million.

Increased funding may be available subject to the availability of funds. It is expected that funding at least at this current level would be allocated for this contract period.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO website

<http://www.spo.hawaii.gov>

Click on Procurement of Health and Human Services

Click on For Private Providers

Click on Forms

Click on Budget Application Forms for Requests for Proposals

Applicant must hold an appropriate certification or license to practice independently, for those activities restricted by licensure laws, or ensure and demonstrate the availability of appropriate supervision.

The Department anticipates the need to participate in Medicaid reimbursement activities and may engage in activities to support DOE requests for Medicaid reimbursement of the provision of services identified in this RFP for eligible students. If the Department participates in Medicaid reimbursement for eligible students, DOE will require verification of licensure subject to the terms of this RFP in context of Medicaid reimbursable activities. This requirement will not supercede the provider credentials required in the service activities. Agencies awarded a contract under this RFP will be subject to administrative claiming for all eligible services regardless of licensure, and will be expected to participate in time studies by DOE or their agent(s) three times a year, or more

frequently if required. All services under this RFP will be subject to Medicaid audit.

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases

☐ Allowed ☒ Unallowed

Planned secondary purchases

☐ Allowed ☒ Unallowed

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single ☐ Multiple ☒ Single & Multiple

Criteria for multiple awards:

Applicants who meet all requirements based on the evaluation criteria listed in Section 4 – Evaluation and who obtain a minimum score of 75 points or higher shall be qualified to enter into a contract with the DOE. All qualified proposals will be ranked from highest to lowest score. Selection for contracts will be given to the highest ranking provider until capacity of the provider is met, and will proceed in a descending manner until the needs of the DOE are met (i.e., DOE will select provider #1 until their proposed capacity is met, followed by provider #2 until proposed capacity is met, etc.) The DOE will evaluate all proposals, select and award contracts determined to be the most advantageous to the STATE as delineated further in Section 4 – Evaluation.

DOE reserves the right to place a student with any accepted provider if there are compelling programmatic needs for such a placement.

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☒ Single term (\leq 2 yrs) ☐ Multi-term ($>$ 2 yrs.)

Contract terms:

Initial Term of Contract	<i>One (1) year</i>
--------------------------	---------------------

Length of each extension	<i>Up to One (1) year</i>
Number of possible extensions	<i>Four (4) extension</i>
Maximum length of contract	<i>Five(5) years</i>
Initial period	<i>Shall commence on the contract start date</i>
Conditions for extension	<i>Extension must be in writing, and is contingent upon potential changes to DOE's approach to service delivery, availability of funding beyond first year, and upon mutual agreement</i>

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Program Related Issues:

Ms. Jill Yoshimatsu
 District Educational Specialist - SBBHS
 Department of Education, Kauai Complex Area Office
 School Based Behavioral Health Services Section
 3060 Eiwa Street, Room 305
 Lihue, Hawaii 96766
 Phone: (808) 274-3500
 Fax: (808) 247-3508

Administrative Issues and Submittals: (ex: Written Question, Interest Forms, etc.)

Ms. Gail Nakaahiki
 Department of Education, Kauai Complex Area Office
 School Based Behavioral Health Services Section
 3060 Eiwa Street, Room 305
 Lihue, Hawaii 96766
 Phone: (808) 274-3500
 Fax: (808) 247-3508

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

This RFP is seeking the following responses:

Part I -- Psychological Services:

- Emotional Behavioral Assessment --Comprehensive; and

- Emotional Behavioral Assessment – Annual Update; and
- Individual, Group and Family Counseling; and
- Education Planning (IEP/MP) Participation; and
- School Consultation; and
- School-Based Day Treatment Program Consultation; and
- Emergency Crisis Intervention; and
- Court/Due Process Hearing Testimony

OR

Part II -- Psychiatric Services:

- Psychiatric Medication Evaluation; and
- Medication Management

The details of each service are listed below in Section B – Work Activities. Any response must respond to **either** Psychological Services **or** Psychiatric Services. Applicants must be able to provide all of the services under Psychological Services or Psychiatric Services as delineated in this RFP. Applicants may not choose to omit any of the services in their response. Failure to address all of the service activities will be deemed non-responsive and the proposal shall be rejected. Responses to this RFP may also be awarded contracts for other outsourced services. There is no restriction prohibiting providing assessments and direct services in the same district.

Applicants responding to provide these services must adhere to the following provisions for all service activities:

- Provide time-limited services based on an evidence based educational model conducive to success in meeting academic and/or social goals and objectives in the Individualized Education Plan (hereinafter “IEP”) or Modification Plan (hereinafter “MP”) and Hawaii Content and Performance Standards II.
- Provide appropriate transitioning among and between individual clinicians or DOE personnel. Transitioning should include discussion of the student’s current level of functioning on IEP/MP goals being worked on, progress on the implementation of the student’s behavior support plan, discussion of the student’s strength and weaknesses, and demonstration of instructional strategies that have proven to be effective with the student.
- Input relevant data into the ISPED and PsyTrace systems, which may include but is not limited to assessment data, case notes from treatment sessions, diagnosis, visit logs, discharge and annual summaries, and quarterly reports.
 - By the last school day of every calendar month, input required data into ISPED and PsyTrace.

- For any data or report required to be inputted, in the event ISPED or PsyTrace is amended or unavailable, the applicant must use the data system specified, or alternatively, DOE may authorize substitution of hard copy reporting utilizing a designated format. In the event a paper system is instituted, the same timelines for reports shall apply.
- Provide services according to time and frequency parameters specified by the IEP/MP and authorized by the DOE. In no event shall the provision of services exceed the time or units authorized. In the event the IEP/MP is silent as to the time and frequency of service, services shall be provided according to the parameter specified by the DOE. In addition, services must be provided in a timely manner, e.g., do not provide all authorized contract hours for the month in a few sessions at the end of the month, unless such an arrangement is specified within the IEP/MP.
- Tracking of outcome measures shall, at a minimum, include quarterly completion of the BASC-2 Student Observation System (SOS) in the setting of difficulty.
- Provide services at the student's school, or at a site identified as best suited to address IEP/MP goals and objectives. The DOE has the final determination of the location of delivery of service.
- Sign in at the school office when entering a school campus, and sign out when leaving a school campus.
- Wear appropriate identification when visiting a school campus.
- Maintain appropriate levels of contact (as specified per service) with families and school staff.
- Demonstrate capability to provide timely scheduling of appointments, processing of documents, and participation in conference meetings.
- Demonstrate competency in the services to be provided, including specific competencies related to the educational implications of moderate to severe social, emotional or behavioral deficits.
- Applicant must provide to their direct services staff information and training regarding the following topics:
 - IDEA and HAR Chapter 56 requirements, including procedures and eligibility criteria;
 - Section 504 and HAR Chapter 53 requirements, including procedures and eligibility criteria;
 - Family Educational Rights and Privacy Act and HAR Chapter 34 requirements;
 - HAR Chapter 19 (Student Misconduct and Discipline) procedures and requirements;
 - State laws regarding child abuse and neglect reporting, reporting criminal behavior and threats regarding suicide and homicide;

- Crisis intervention procedures, including suicide precautions;
- A review of the Comprehensive Student Support System (CSSS);
- An understanding of educationally relevant interventions and recommendations; and
- An understanding of team-based decision-making.

Proof of receipt of information and training must be provided upon request of the DOE.

- Participate in District/Complex Quality Assurance Meetings as called by the District Educational Specialist.
- Participate in due process proceedings at the request of DOE.
- Participate in the Internal Monitoring process at the request of DOE.
- Participate in the IEP/MP meetings once placement has been made upon the request of the DOE.
- Participate in student specific team meetings upon request of the DOE. Provide information to the DOE and/or IEP/MP teams on the provider's services upon request by the STATE within two (2) working days of the request.

The applicant should address how the proposed plan and services would support service delivery of school-based behavioral health services within the least restrictive environment. The proposal should detail plans for successful transition of service provision to available DOE employees. Proposals should also minimize burdensome and/or unnecessary travel time for students.

The applicant shall submit documentation and evidence of collaborative relationships with schools/district/complex, agencies, and community in the geographic area involved, inclusive of Children's Community Councils and other providers.

The applicant must identify what services would be provided with a description of how this best addresses the needs of the targeted population.

In the event that an applicant intends to integrate services with schools, agencies, and other DOE contracted providers, applicants presuming to utilize any community assets, staff, facilities, or instructional resources, including those of the DOE, shall submit documentation of any agreements with the relevant community agency(ies) confirming the agency's intent to participate in service delivery in the event the applicant is successful and awarded a contract.

B. Work Activities

The applicant should address how the proposed plan and services would support service delivery within the least restrictive environment.

PART I -- PSYCHOLOGICAL SERVICES

1. Emotional Behavioral Assessment – Comprehensive

Service Description

Diagnostic and evaluation services involving a strengths-based approach to identify student's needs in the context of school, family and community. These services include completion of initial assessments as part of the DOE identification and eligibility process. Service components include written assessments, a feedback session and IEP/MP development suggestions.

An emotional behavioral comprehensive assessment shall include all of the following:

1. Contacting family and arranging for appointment with the student and family within one week.
2. Conducting assessment within three weeks.
 - a. Parental consent for assessment and release of information is covered by the IEP/MP consent. No additional parental consent for assessment is needed by the contracted provider.
 - b. Reviewing and incorporating DOE diagnostic team reports, including psychometric test results, if available.
 - c. Reviewing and incorporating any other relevant data including developmental, psycho-social, medical, educational, and legal histories as provided by the school student services coordinator (SSC).
 - d. Interviewing school personnel -- teachers, counselors, behavioral specialists, and/or administrators, or other persons that have first-hand knowledge of the functioning of the student.
 - e. Interviewing family/significant others.
 - f. Interviewing student face-to-face.
 - g. Administering assessment instruments, if not provided, as indicated to include at a minimum, the BASC-2, Child and Adolescent Level of Care Utilization System (hereinafter "CALOCUS"), the Child & Adolescent Functional Assessment Scale (hereinafter "CAFAS") and Achenbach checklists from home (CBCL) and school (TRF) and youth (YSR), if 11 years or older.
3. Completing written report within one week from dates of assessment. A written report shall include all of the following:
 - a. Date(s) of assessment and date of report.

- b. Identifying information: student name, DOB, legal guardian, home-school, grade, IDEA/504 status.
- c. Reason(s) for referral.
- d. Sources of information: including review of records, interviews, and assessment tools.
- e. Brief developmental, medical, family, social educational, and psychiatric history-include post and current use of and reasons for psychotropic medications.
- f. Substance use history.
- g. Description and history of presenting problems(s).
- h. Behavioral observations and Mental Status Exam must include all of the following:
 - ☐ Appearance, attitude, and behavior;
 - ☐ Orientation;
 - ☐ Affect and mood;
 - ☐ Thought Content/processes:
 - 1. Fund of knowledge;
 - 2. Intelligence;
 - 3. Cognitive processes; and
 - 4. Memory.
 - ☐ Insight;
 - ☐ Judgment; and
 - ☐ Homicidal/suicidal risk.
- i. Assessment Results and interpretation which must include specific scores, plotted profiles, and analytical interpretations of the BASC-2, CAFAS and Achenbach Checklists (if used for DOH referrals). The DOE shall provide the BASC-2 data in the referral packet. The referral packet shall include a copy of the protocols, the scores and the printed reports. The provider does not need to purchase the BASC-2 system to do the assessment. However, the provider must consider the BASC-2 data/reports and incorporate them in the evaluation/recommendations. It is recommended that the provider purchase the BASC-2 manual.
- j. Student and Family Strengths.
- k. Clinical Formulation/Justification of Diagnoses (include severity and duration of diagnoses; for Rule/Out or Provisional diagnoses, explain what needs to occur to obtain a more definite diagnosis).
- l. Diagnostic Impression: DSM IV-5 Axes.
- m. Statement addressing how student's behaviors/functioning impacts his/her ability to benefit from their educational program.
- n. Summary of strengths, concerns, and description of needs that must be met for student to benefit from his/her education.
- o. Strengths-based recommendations with suggested intervention and areas needing skill development (i.e., desensitizing student

to ____, developing awareness of negative stimuli, and developing ability to appropriately articulate what is a positive alternative stimuli) must be included. Recommendations will conform to the following:

- ❑ Supported by empirical research;
- ❑ Describe and address the needs of the student and family;
- ❑ Avoid specifying a particular service, program, or eligibility status. For example, it should not be specified that the student needs therapeutic aide services, day treatment, or that the student should be certified Emotionally Impaired under IDEA. Instead recommendations should focus on the student's particular needs, e.g., "the student is in need of close supervision due to ..." or "the student is in need of a structured school environment and intensive counseling services" or "the student's symptoms include...."
- ❑ Include possible least restrictive school-based intervention recommendations that may address student's needs for the IEP/MP Team to consider.

Service Operations

1. Parent(s), student, and staff associated with the assessment were actively involved in the process.
2. Report contains all required service content components, utilizing the DOE prescribed report format as attached in Section 5 (Attachments), Attachment C.
3. Report is typed.
4. Report is submitted within one week of assessment completion.
5. Report recommendations address a student's needs and does not specify a particular service, program or eligibility status.
6. Report includes original signature(s) of the assessor (and supervisor as necessary) acknowledging responsibility for the assessment.

Referral Criteria

1. Student requires an initial assessment to determine mental health needs and recommendations as part of the DOE identification and eligibility process; OR
2. Student requires an annual assessment to determine current mental health needs and recommendations, as part of the IDEA regulations.

Authorization (Billable Hours)

DOE contemplates that the average EBA will take 48 units to complete. The units reflect the time required for completing the review of data, assessment process, feedback session, intervention planning, and final report. If the assessment will exceed the 48 units allotted to complete the service, requests for additional units must require administrative approval by the SBBH District Educational Specialist (DES) before

proceeding. There is no payment for travel time, wait time, appointment no-shows, or cancellations.

Event is only billable upon completion of the EBA and the report must be submitted to the SBBH school level personnel and data must be entered into ISPED and PsyTrace before payment will be made.

Billable per unit cost. (1 unit = 5 minutes, 12 units = 1 hour)

Completion of Service

The service is complete when all of the following are completed:

1. The assessment and feedback session have been completed; and
2. The written assessment report is submitted to DOE and meets standards, as described above. See Section 5 (Attachments), Attachment C. Assessments not meeting these standards will be returned to the assessor for correction. Payment may not be made or a reimbursement will be sought if assessments are not corrected according to prescribed standards.
 - a. Scores and plotted profiles of the CAFAS, BASC-2, and Achenbach forms should be attached (if applicable).

Staffing Requirements

Assessors must meet one of the following requirements:

1. Be a Hawaii licensed psychologist or psychiatrist **AND** have a minimum of one (1) year of supervised training in child and adolescent assessment; **OR**
2. Have a Master's degree, doctoral degree, or be a doctoral candidate in a graduate program in psychology or psychiatry from a regionally or nationally accredited program **AND** a minimum of one (1) year of documented training and supervised experience in child and adolescent assessment, **AND** work under the supervision of a licensed psychologist or psychiatrist meeting standards above. [NOTE: At a minimum, the supervisor must review all prior reports/data; review all current assessment data; and participate in the interpretation of data, and the development of a diagnoses and recommendations. The supervisor is to sign the report acknowledging responsibility for the assessment.]

Documentation

Assessors are required to input assessment and data information in ISPED and PsyTrace within the timeframe required by the DOE.

Written report shall contain all required service content components, utilizing the DOE prescribed report format as attached in Section 5 (Attachments), as Attachment C.

2. Emotional Behavioral Assessment – Annual Update

Service Description

Diagnostic and evaluation services involving a strengths-based approach to identify student's needs in the context of school, family and community. These services include completion of an annual assessment. Service components include written assessments, a feedback session and IEP/MP development suggestions.

An emotional behavioral assessment shall include all of the following:

1. Contacting family and arrange for appointment with the student and family within one week.
2. Conducting assessment within three weeks.
 - a. Parental consent for assessment and release of information is covered by the IEP/MP consent. No additional parental consent for assessment is needed by the contracted provider
 - b. Reviewing and incorporating DOE diagnostic team reports, including psychometric test results, if available.
 - c. Reviewing and incorporating any other relevant data including developmental, psycho-social, medical, educational, and legal histories as provided by the school student services coordinator (SSC).
 - d. Interviewing school personnel -- teachers, counselors, behavioral specialists and/or administrators, or other persons that have first-hand knowledge of the functioning of the student.
 - e. Interviewing family/significant others.
 - f. Interviewing student face-to-face.
 - g. Administering assessment instruments, if not provided, as indicated to include at a minimum, the BASC-2, Child and Adolescent Level of Care Utilization System (hereinafter "CALOCUS"), the Child & Adolescent Functional Assessment Scale (hereinafter "CAFAS") and Achenbach checklists from home (CBCL) and school (TRF) and youth (YSR), if 11 years or older.
3. Completing written report within one week from dates of assessment. A written report shall include all of the following:
 - a. Date(s) of assessment and date of report.
 - b. Identifying information: student name, DOB, legal guardian, home-school, grade, IDEA/504 status.
 - c. Reason(s) for referral.
 - d. Sources of information: including review of records, interviews, and assessment tools.
 - e. Brief developmental, medical, family, social educational, and psychiatric history-include post and current use of and reasons for psychotropic medications.
 - f. Substance use history.

- g. Description and history of presenting problems(s).
- h. Behavioral observations and Mental Status Exam must include all of the following:
 - ❑ Appearance, attitude, and behavior;
 - ❑ Orientation;
 - ❑ Affect and mood;
 - ❑ Thought Content/processes:
 - 1. Fund of knowledge;
 - 2. Intelligence;
 - 3. Cognitive processes; and
 - 4. Memory.
 - ❑ Insight;
 - ❑ Judgment; and
 - ❑ Homicidal/suicidal risk.
- i. Assessment Results and interpretation, which must include specific scores, plotted profiles, and analytical interpretations of the BASC-2, CAFAS and Achenbach Checklists (if used for DOH referrals). The DOE shall provide the BASC-2 data in the referral packet. The referral packet shall include a copy of the protocols, the scores and the printed reports. The provider does not need to purchase the BASC-2 system to do the assessment. However, the provider must consider the BASC-2 data/reports and incorporate them in the evaluation/recommendations. It is recommended that the provider purchase the BASC-2 manual.
- j. Student and Family Strengths.
- k. Clinical Formulation/Justification of Diagnoses (include severity and duration of diagnoses; for Rule/Out or Provisional diagnoses, explain what needs to occur to obtain a more definite diagnosis).
- l. Diagnostic Impression: DSM IV-5 Axes.
- m. Statement addressing how student's behaviors/functioning impacts his/her ability to benefit from their educational program.
- n. Summary of strengths, concerns, and description of needs that must be met for student to benefit from his/her education.
- o. Strengths-based recommendations with suggested interventions and areas needing skill development (i.e., desensitizing student to ____, developing awareness of negative stimuli, and developing ability to appropriately articulate what is a positive alternative stimuli) must be included. Recommendations will conform to the following:
 - ❑ Supported by empirical research;
 - ❑ Describe and address the needs of the student and family;
 - ❑ Avoid specifying a particular service, program, or eligibility status. For example, it should not be specified

that the student needs therapeutic aide services, day treatment, or that the student should be certified Emotionally Impaired under IDEA. Instead recommendations should focus on the student's particular needs, e.g., "the student is in need of close supervision due to ..." or "the student is in need of a structured school environment and intensive counseling services" or "the student's symptoms include...."

- ❑ Include possible least restrictive school-based intervention recommendations that may address student's needs for the IEP/MP Team to consider.

Service Operations

1. Parent(s), student, and staff associated with the assessment were actively involved in the process.
2. Report contains all required service content components, utilizing the DOE prescribed report format as attached in Section 5 (Attachments), Attachment D.
3. Report is typed.
4. Report is submitted within one week of assessment completion.
5. Report recommendations addresses a student's needs and does not specify a particular service, program or eligibility status.
6. Report includes original signature(s) of the assessor (and supervisor as necessary) acknowledging responsibility for the assessment.

Referral Criteria

Student requires an annual assessment to determine current mental health needs and recommendations, as part of the IDEA regulations

Authorization (Billable Hours)

DOE contemplates that the average EBA Annual will take 36 units to complete. The units reflect the time required for completing the review of data, assessment process, feedback session, intervention planning, and final report. If the assessment will exceed the 36 units allotted to complete the service, requests for additional units must require administrative approval by the SBBH District Educational Specialist (DES) before proceeding. There is no payment for travel time, wait time, appointment no-shows, or cancellations.

Event is only billable upon completion of the EBA and the report must be submitted to the SBBH school level personnel and data must be entered into ISPED and PsyTrace before payment will be made.

Billable per unit cost. (1 unit = 5 minutes, 12 units = 1 hour)

Completion of Service

The service is complete when all of the following are complete:

1. The assessment and feedback session have been completed.
2. The written assessment report is submitted to DOE and meet standards, as described. See Section 5 (Attachments), Attachment D. Assessments not meeting these standards will be returned to the assessor for correction. Payment may not be made or a reimbursement will be sought if assessments are not corrected according to prescribed standards.
 - a. Scores and plotted profiles of the CAFAS, BASC-2, CALOCUS and Achenbach forms should be attached (if applicable).

Staffing Requirements

Assessors must meet one of the following requirements:

1. Be a Hawaii licensed psychologist or psychiatrist **AND** have a minimum of one (1) year of supervised training in child and adolescent assessment; **OR**
2. Have a Master's degree, doctoral degree, or be a doctoral candidate in a graduate program in psychology or psychiatry from a regionally or nationally accredited program **AND** a minimum of one (1) year of documented training and supervised experience in child and adolescent assessment, **AND** work under the supervision of a licensed psychologist or psychiatrist meeting standards above. [**NOTE:** At a minimum, the supervisor must review all prior reports/data; review all current assessment data; and participate in the interpretation of data, and the development of a diagnoses and recommendations. The supervisor is to sign the report acknowledging responsibility for the assessment.]

Documentation

Assessors are required to input assessment and data information in ISPED and PsyTrace within the timeframe required by the DOE.

Written report shall contain all required service content components, utilizing the DOE prescribed report format as attached in Section 5 (Attachments), Attachment D.

3. Individual, Group and Family Counseling

Service Description

Individual, Group and Family Counseling are regularly scheduled face-to-face counseling services to the student/family in his/her most appropriate setting for the purpose of addressing symptoms/problems that prevent the student from benefiting from his/her educational program. These counseling sessions are designed to promote healthy independent functioning and are intended to be focused and **time-limited** with

interventions reduced and discontinued as student and family are able to function more effectively.

Service Operations

Evidence-based behavioral support interventions involving cognitive-behavioral strategies, behavioral support plans skills training, systemic interventions, and facilitating access to other community services and supports as needed to improve overall functioning and increase independence.

Individual and Group Counseling Services shall include all of the following:

- ❑ Accessing and reviewing all historical and assessment data available in the student's record.
- ❑ Identifying relevant issues, needs, and related goals to aid in behavior support planning.
- ❑ Participating as a member of a team, in the development of a written Behavior Support Plan, with measurable goals and objectives, specific interventions, and target dates for reaching objectives-in collaboration with the student, family, teachers, and other relevant parties.
- ❑ Developing a written transition/discharge plan to include goals, specific target dates for reaching each goal, IEP/MP and criteria to determine when counseling services can appropriately conclude.
- ❑ Implementing, monitoring, and adjusting interventions as needed to address needs and accomplish objectives and goals.
- ❑ Reviewing interventions, needs, goals and progress at least every 30 days and update crisis, treatment, and discharge plans.
- ❑ Scheduling regular sessions to work with student to facilitate his/her ability to cope and function in a healthy manner through encouragement, support, counseling, education, skills training, and linkage to appropriate community services and resources.
- ❑ Participating with integration of services across domains (home, school, and community) as needed.
- ❑ Participating in the implementation of the Behavior Support Plan and IEP.

Family Counseling Services shall include all of the following:

- ❑ Assisting family with developing and maintaining appropriate structure within the home.
- ❑ Assisting family with development of effective parenting skills and child management techniques.
- ❑ Assisting family with developing increased understanding of their child's symptoms and problematic behaviors, developing effective strategies to address these issues, and encouraging emphasis on building upon their child's strengths.

- ❑ Facilitating effective communication and problem-solving between family members, school and other community agencies.
- ❑ Facilitating linkage to community supports and resources as needed.

Referral Criteria

1. The student has an IEP or MP; and
2. The DOE identifies that participation of the contract provider as the deliverer of the intervention is educationally beneficial.

Authorization (Billable Hours)

1. The IEP/MP team recommends these services. The scope and nature of services are collaboratively determined by the IEP/MP.
2. DOE identifies that participation of the contract provider as the deliverer of the intervention would be educationally beneficial.
3. Identified intervention practices are limited to the actual time specified on the IEP/MP.

Note: Telephone contacts and logistical planning/preparation are assumed in the unit cost. There is no payment for phone calls, travel time, wait time, no-shows, or cancellations.

Billable per unit cost. (1 unit = 5 minutes, 12 units = 1 hour)

Completion of Service

The service is complete when both of the following are complete:

1. The IEP/MP team determines, through the IEP/MP process, that services should be discontinued; and
2. Decision by the IEP/MP team has been documented in ISPED.

Staffing Requirements

Individual, Group and Family Counseling shall be provided by personnel that meet one of the following requirements:

1. Graduate level social worker, marriage/family therapist, psychiatric nurse specialist, psychologist, or psychiatrist, National Certified Counselor, and a minimum of one year of supervised training **and** experience in the provision of child and adolescent mental health services; **OR**
2. An advanced (graduate level) professional degree in social work, marriage/family therapy, psychiatric nursing, psychology, psychiatry, counseling or behavioral science from a regionally or nationally accredited program and a minimum of two years of supervised training and experience in the provision of child and adolescent mental health services; **OR**
3. An advanced (graduate level) professional degree in social work, marriage/family therapy, psychiatric nursing, psychology, psychiatry, counseling or behavior science, from a regionally or nationally

accredited program **and** a minimum of one year of supervised training and experience in the provision of child and adolescent mental health services **and** currently working under the supervision of personnel meeting criteria 1 or 2 above.

Documentation

1. Providers are required to input information in the ISPED modules such as IEP/MP, visit log, progress report and other modules that DOE requires.
2. Data entry into ISPED and PsyTrace must be submitted before invoice submission and before payment will be made.

4. Educational Planning (IEP/MP) Participation

Service Description

Provide time for contract providers to meet with the student's educational team members to develop, revise, and/or review an IEP/MP or other related educational plan. This service consists of non-regularly scheduled meetings.

Educational Planning (IEP/MP) Participation shall include all of the following:

1. Attendance at a multi-disciplinary education planning conference and organized presentation of pertinent information educationally related to the goals and objectives of the student;
2. Completion of an IEP/MP or BSP, as needed, identifying goals, measurable objectives and interventions based on student evaluation data.
3. Documented verification of attendance such as a sign in sheet; and
4. Documentation will occur for each meeting in the student's progress notes. The narrative should include the topic discussed and the outcome of the provider's participation.

Service Operations

1. The contract provider ensures that adequate representation is available at the education planning meeting.
2. Participation in education planning is documented in student's IEP or MP.
3. Copy of the IEP and BSP are included in the student's record.

Referral Criteria

1. The student has an IEP or MP; **AND**
2. The DOE identifies that participation of the contract provider in the education planning meeting would be educationally beneficial to the student.

Authorization (Billable Hours)

DOE identifies that participation of the contract provider in the education planning meeting would be educationally beneficial to the student. If another agency, entity, or individual requests the provider's presence at the meeting, the DOE will not be responsible for the payment of this service.

Education planning meetings are limited to the actual time spent at the meeting. There is no reimbursement for travel time, wait time, or cancellations.

Billable per unit cost. (1 unit = 5 minutes, 12 units = 1 hour)

Completion of Service

Educational Planning (IEP/MP) Participation is complete when both of the following are complete:

1. Participation at the IEP/MP planning meeting is completed; and
2. Documented verification of attendance such as a sign in sheet.

Staffing Requirements

Specific education planning participants must meet the qualifications requirement for the particular level of care represented.

Documentation

Progress note shall be placed within student's agency record, with a copy sent to the SBBH school level personnel within 24 hours of the date of service. Progress note and data entry into the PsyTrace system must be submitted before invoice submission and before payment will be made.

5. School Consultation**Service Description**

Consultation of a contract provider with regular and special education teachers, school administrators, and other school personnel regarding the behavior management of students as related to their IEP/MP goals and objectives. School consultation is delivered as requested by or agreed upon by the school.

School Consultation shall include all of the following:

1. School consultation is a collaborative process which serves to better link a student's BSP with his/her IEP/MP. School consultation facilitates communication between school personnel and behavioral health providers, between home and school, as well as between various school staff, such as between regular and special educators. While the focus of consultation is on behavioral management issues, it can

- include organizational management of the classroom (e.g., seating arrangements, scheduling) to boost the efficacy of inclusion of children with disabilities. The contract provider can provide general and intervention-specific information on particular behavioral disorders (e.g., Attention-Deficit/Hyperactivity Disorder, Tourette's Disorder) as well as certain social emotional variables (e.g., low self-esteem, poor achievement motivation, lack of social skills competence) and their potential impact on classroom performance.
2. School consultation generally includes a face-to-face contact of a contract provider with teacher, administrator or other school personnel for the purpose of sharing information and facilitating communication. The contact may, however, be made by phone if the school visitation is not feasible and the goals of that consultation can be accomplished long-distance (e.g., helping a teacher fine-tune a behavior management plan).
 3. The following responsibilities of the school consultant are important to insure collaboration and efficacy:
 - a. Access and review pertinent educational and mental health data available in the student's clinical record.
 - b. Adhere to school protocols regarding rules and responsibilities on school campus.
 - c. Conduct classroom observation(s), if needed, to witness student's functioning in the school setting.
 - d. Hold consultation meeting with appropriate school personnel to discuss specific issues/interventions related to student's school performance.

Service Operations

Progress note shall be placed within student's agency record, with a copy sent to the SBBH school level personnel within 24 hours of the date of service. Progress note and data entry into the PsyTrace system must be submitted before invoice submission and before payment will be made.

Referral Criteria

The DOE decides that delivery of school consultation by the contract provider would be educationally beneficial.

Authorization (Billable Hours)

School consultation is authorized by the school when consultation by the contract provider is deemed to be educationally beneficial to the student. School Consultation is limited to the actual time spent at each consultative event. There is no reimbursement for travel time, wait time, or cancellations.

Billable per unit cost. (1 unit = 5 minutes, 12 units = 1 hour)

Completion of Service

A progress note shall be completed and submitted to the SBBH school level personnel, reflecting issues and behavior management strategies discussed, as well as school personnel's receptivity to the consultation intervention.

Staffing Requirements

Specific education planning consultants must meet the qualifications requirement for the particular level of care represented.

Documentation

Progress note shall be placed within student's agency record, with a copy sent to the SBBH school level personnel within 24 hours of the date of service. Progress note must be submitted before invoice submission and before payment will be made.

6. School Based Day Treatment Program Consultation

Service Description

Consultative services of a contract provider with day treatment program team, which includes the Special Education Teacher, Behavioral Specialists, other school level professionals, or agency representatives to address the need of students who are experiencing serious emotional disturbances and/or significant behavioral problems, that interfere with their abilities to function in regular school settings and places them at-risk for higher levels of care. Day Treatment programs are located on a school campus and the programs remain closely tied to the schools via the IEP/MP and requires extensive collaboration between multiple agencies. The goal is to successfully transition student into a regular school setting.

Service Operations

School Based Day Treatment Program Consultation may apply to the following areas:

- ❑ Programmatic-Integration of educational and behavioral health services to meet the needs of the target population through assessment and monitoring or specialized educational services; psycho-educational services; individual, group and family counseling; life and social skills development; expressive and recreational activities; and medication management as needed to meet the multiple needs of the student and family.
- ❑ Treatment Planning and Documentation-Continuous and extensive collaboration between educational, behavioral health and other agencies for successful transition to a regular school setting.

- ❑ Behavior Management Intervention-Implementation of evidence-based practices which are tailored to address identified student and family needs.
- ❑ Emergency Crisis Planning- Provisions are established to insure proper safe guards are in place, with implicit understanding of the necessary action to be executed by all team members, in the event of an emergency/crisis situation.

Referral Criteria

1. The student has an IEP or MP; and
2. The DOE identifies that participation of the contract provider as a consultant to the program would be educationally beneficial to the student.

Authorization (Billable Hours)

School Based Day Treatment Program Consultation is limited to the actual time spent at each consultative event. There is no reimbursement for travel time, wait time, or cancellations.

Billable per unit cost. (1 unit = 5 minutes, 12 units = 1 hour)

Completion of Service

School Based Day Treatment Program Consultation is complete when the student has exited the program and a progress note has been completed and submitted to the IEP/MP care coordinator.

Staffing Requirements

A psychiatrist or psychologist licensed in the State of Hawaii **and** has a minimum of one (1) year of supervised training and experience in the provision of child and adolescent mental health services.

Documentation

Progress note shall be placed within student's agency record, with a copy sent to the IEP/MP care coordinator within 24 hours of the date of service. Progress note must be submitted on a weekly basis and before invoice submission and before payment will be made. See Section 5 (Attachments), Attachment E.

7. Emergency Crisis Intervention

Service Description

Crisis intervention counseling allows up to a maximum of three one-hour sessions of brief therapy per episode.

Service Operations

Assessment, crisis intervention, crisis planning, parenting education, and recommendation for service needs. This service is typically community-based, not school-based.

Referral Criteria

Any student ages 3-17 who is at risk of homicidal or suicidal ideation and is in need of intervention/stabilization services during the regular operating hours of the public school system.

Authorization (Billable Hours)

Prior authorization is not necessary. Notification of crisis intervention must be communicated verbally to the SBBH District Educational Specialist within twelve (12) hours of the crisis event.

Completion of Service

Emergency Crisis Intervention is complete when both of the following are complete:

1. Targeted symptoms and/or maladaptive behaviors have abated to a level of severity which no longer requires crisis intervention.
2. Student is referred to appropriate available services.

Staffing Requirements

Graduate level social worker, marriage/family therapist, psychiatric nurse specialist, psychologist, or psychiatrist, National Certified Counselor, **and** minimum of one year of supervised training and experience in the provision of child and adolescent mental health services.

Documentation

Providers are required to input information in the PsyTrace system before invoice submission and before payment will be made.

8. Court/Due Process Hearing Testimony

Service Description

Participation in a court hearing or due process hearing at the request of DOE. This participation is in addition to a State representative's (i.e., Deputy Attorney General) presence in court and is intended to ensure that the court has access to all relevant information needed.

Court/Due Process Hearing Testimony shall include all of the following:

1. Attending court hearing or due process hearing as requested by the DOE to present relevant educational data or information needed.
2. Specific report writing by provider needed for court or due process hearing (Quarterly Progress Reports, Progress Notes, Clinical

Evaluations, and other existing reports do not suffice). If a specific report must be submitted, the DOE may request that the contract provider complete specific documentation to assist in the writing of the report. The unit of service for the generation of the specific documentation is limited to a maximum of one hour.

3. Recommendations are based on the presenting needs of the student. Recommendations will not be accepted regarding specific services, methodology or persons (i.e., student requires day treatment).
4. Reports are made available to the DOE for review prior to the hearing.

Service Operations

1. Present testimony at the court hearing or due process hearing.
2. The report, if requested, is signed by the appropriate professional.

Referral Criteria

1. Student has an IEP or MP;
2. Student has a scheduled court hearing or due process hearing; **AND**
3. The DOE identifies that participation by the contract provider would be helpful to the court or hearings officer in understanding the student's case.

Authorization (Billable Hours)

DOE requested and authorized participation of the contract provider's services. Participation is limited to 24 units. Specific rationale for exceeding the maximum units must be reviewed with the SBBH DES.

Billable per unit cost. (1 unit = 5 minutes, 12 units = 1 hour)

Completion of Service

Court/Due Process Hearing Testimony ends with the completion of the court hearing or due process hearing, or the acceptance of the requested documentation by the State representative.

Staffing Requirements

Participants must meet the qualifications requirement for the particular level of care represented.

Documentation

Report as specified under Service Description, if necessary.

PART II -- PSYCHIATRIC SERVICES

1. Psychiatric Medication Evaluation

Service Description

Assessment of a student's presenting symptoms for the purpose of possible prescription and administration of medication by a physician. This service includes informing the student and family of possible side-effects and obtaining consent for medication.

Psychiatric medication evaluation includes examination of the student or exchange of information with the primary physician, and other informants such as the family, SBBH psychologist/social worker, or other relevant people. This service is limited to an initial evaluation. Psychiatric medication evaluation does not involve psychiatric treatment or medication management.

Service Operations

Psychiatric Medication Evaluation shall include all of the following:

1. Contacting the family to set up an appointment with the student and family within one week of request.
2. Interviewing and data gathering shall be completed within three (3) weeks of request.
3. Completing a written report that documents the nature, chronicity and severity of the disorder, and includes recommendations regarding medication. The written report must be submitted by the 4th week of request to the SBBH school level personnel.

The report shall include the following:

- Behavioral observations and general presentation;
 - Description and history of presenting problem;
 - Description of current medical issues;
 - Any on-going substance use;
 - Current medications; and
 - Original signature(s) of the evaluator acknowledging responsibility for the evaluation.
4. Reviewing the findings and recommendations with student and family.
 5. When medication is prescribed, the psychiatrist shall obtain written formal consent from the parent/legal guardian and the student (if appropriate), after fully explaining the benefits, risks, and alternatives;
AND
 6. Assuring that psychiatric medication evaluations are provided to student in a safe, efficient manner in accordance with accepted standards and clinical practice.

Referral Criteria

An IEP team, including the parent and student (when appropriate) determines the student's symptoms and/or maladaptive behaviors require complete psychiatric evaluation.

Authorization (Billable Hours)

DOE contemplates that the average psychiatric medication evaluation will take 24 units to complete. The units reflect the time required for completing the review of data, assessment process, feedback session, and final report. If the assessment will exceed the 24 units allotted to complete the service, requests for additional units must require administrative approval by the SBBH District Educational Specialist (DES) before proceeding. There is no payment for travel time, wait time, appointment no-shows, or cancellations.

Event is only billable upon completion of the psychiatric medication evaluation and the report must be submitted to the SBBH school level personnel and data must be entered into PsyTrace before payment will be made.

Billable per unit cost. (1 unit = 5 minutes, 12 units = 1 hour)

Completion of Service

Psychiatric Medication Evaluation shall be complete when one of the following is complete:

1. Psychiatric medication evaluation was successfully completed and the written report provided to the SBBH school level personnel, is reviewed and accepted by the IEP/MP team; **OR**
2. Student exhibits new symptoms or maladaptive behavior which preclude the ability to safely or effectively complete the evaluation, and student was referred to a more intensive level of care.

Staffing Requirements

1. Hawaii licensed physician; **AND**
2. Privileged through the provider's credentialing and privileging process to render diagnostic services; **OR**
3. Board certified in child and adolescent psychiatry.

Documentation

Psychiatric Medication Evaluation and data information must be entered into PsyTrace within the timeframe required by the DOE.

Written report shall contain all required service content components, utilizing the DOE prescribed report format as attached in Section 5 (Attachments), Attachment F.

2. Medication Management

Service Description

The on-going assessment of student's response to medication, symptom management, side effects, and adjustment in medication dosage.

Service Operations

Medication Management shall include all of the following:

1. Assessing the student's ongoing need for medication;
2. Determining overt physiological effects related to the medications used in the treatment of the student's psychiatric condition, including side effects;
3. Determining psychological effects of medications used in the treatment of the student's psychiatric condition;
4. Monitoring compliance to prescription medication; and
5. Renewing prescriptions.
6. Documenting Informed Consent, including a signed description of potential benefits and possible side effects of the prescribed medication that must be placed in the clinical record prior to initiation of medication. The consent must be signed and dated by the student's parent(s) or legal guardian.
7. Completing a progress note that must be placed in the student's record and submitting a copy to the CC within 24 hours of the date of service.

The progress note shall include:

- ☐ Name of Student;
- ☐ The date and actual time the services were rendered;
- ☐ The signature of the Mental Health Professional who rendered the service;
- ☐ The place of service;
- ☐ Current medications the student is taking including dosage and intervals when medication is to be administered;
- ☐ Side effects or adverse reactions the student is experiencing;
- ☐ Conditions in which the student is refusing or unable to take medications as ordered or if the student is compliant in taking medications as prescribed; and
- ☐ Whether the medication(s) is effectively controlling symptoms; and
- ☐ Assure that services are provided to students in a safe efficient manner in accordance with accepted standards and clinical practice.

Referral Criteria

Based on the findings of the psychiatric medication evaluation, the physician or psychiatrist has determined:

1. The student needs prescription and administration of medication to augment IEP/MP related behavioral/mental health services to address behavioral/mental health needs; and
2. The student needs prescription and administration of medication to treat and emotional-behavioral condition to prevent the need for a more restrictive or intensive service level; and
3. The student requires ongoing monitoring for effectiveness and adverse reactions to medications and for the renewing of prescriptions at frequencies consistent with accepted practice.

Authorization (Billable Hours)

DOE requested and authorized medication management as stipulated in the student's IEP/MP. Ongoing medication management requires the discussion between SBBH school level personnel and the physician/psychiatrist regarding the student's adjustment to medication.

Authorization guidelines for medication management shall include the following:

1. The DOE contemplates that the average session will take three (3) units to complete. Medication management is limited to 12 units per episode.
2. Medication management occurs at least monthly during the first three (3) months of initiation of any medication (and may occur more frequently if so documented by the treating physician/psychiatrist); and
3. Medication management occurs at least quarterly once the DOE and physician/psychiatrist documents that the medications are effectively regulating the emotional-behavioral condition.

Medication management progress note must be entered into PsyTrace before billing submission and before payment will be made.

Billable per unit cost. (1 unit = 5 minutes, 12 units = 1 hour)

Completion of Service

At least one of the following must be met:

1. The student's symptoms have stabilized and all medications have been discontinued; or
2. The student and family no longer desire psychopharmacological interventions and have withdrawn consent; therefore, the medications have been discontinued; or
3. The student no longer meets all appropriate eligibility criteria.

As part of discharge, the physician/psychiatrist must coordinate the transfer of the student to appropriate treatment services in the least disruptive manner possible.

Staffing Requirements

1. Hawaii licensed physician; **AND**
2. Privileged through the provider's credentialing and privileging process to render diagnostic services; **OR**
3. Board certified in child and adolescent psychiatry; **OR**
4. APRN who is working under the direct supervision of a licensed physician or psychiatrists meeting standards above.

Documentation

Written progress note must be entered into the PsyTrace system within 24 hours of the date of service. Progress note must include:

1. Data including:
 - a. Information the student (or parent) volunteered during the discussion;
 - b. Information gathered from other sources like school records, parents, teachers, clinicians, etc.;
 - c. Issues discussed or worked on during the session;
 - d. Activities or therapeutic techniques used during the session;
 - e. Any information from the mental status exam (appearance, speech, level of activity, mood, affect, thought process, thought content, including suicidal/homicidal ideation, hallucinations, or delusions, etc.);
2. Assessment including:
Assessment of the student or situation based on information obtained. This may include diagnostic impressions, prognoses, comments on the course of the patient's illness or problem, (i.e., are they better or worse), and assessment of the student's current needs.
3. Plan including:
Plan of action based on the assessment conducted. This may include what is planned for the next session, who will be contacted to coordinate services, how student will be helped, current medication and dosage.

C. Management Requirements (Minimum and/or mandatory)

1. Personnel

a. Provider Networks and Supervision Requirements

Applicants must possess the education, training and experience, and license necessary to provide the type of services requested by this RFP. Applicants may choose to hire direct employees, or establish a network of professional providers. If the applicant utilizes a network of independent providers, each practitioner must meet the state requirements to provide behavioral health services as an independent practitioner. The applicant shall assume

responsibility for the quality of work provided by its employees, subcontracted providers, and volunteers.

Each applicant must identify how personnel will be trained to ensure that services provided are consistent with an educational model and are consistent with evidence based interventions for the populations addressed in the proposal.

An applicant must address supervision and monitoring of the quality of services of all employees and contracted personnel.

b. Confidentiality Requirements

Applicants must ensure that employees, subcontracted providers and volunteers adhere to all applicable state laws regarding the obtaining and releasing of confidential student information.

Each applicant must evidence policies and procedures that govern the provision of services in natural settings and documents that it respects students' and/or families' right to privacy when services are provided in these settings. The DOE shall have the right to inspect and approve these policies.

If awarded a contract under this RFP, applicant's records relating to students are to be considered educational records governed under the Family Educational Rights and Privacy Act (FERPA). The documents and records held by each contracted provider for students serviced under this RFP are the property of the DOE. Parental consent for assessments and release of information is covered by the IEP/MP consent. No additional parental consent for assessment or release is needed by the contracted provider.

c. Criminal History Record Check Requirements

At this time, the Department is actively seeking legislation that will amend current law to allow the DOE to perform local and national fingerprinting checks of all of its employees, subcontracted providers and volunteers who work in close proximity to children. It is anticipated that legislation will be enacted and rules implemented by July 2006. Applicants awarded contracts under this RFP will be subject to any statutory or regulatory requirements promulgated for this purpose.

Applicants should be prepared to conduct the following record checks:

The applicant shall require criminal background checks on all employees, subcontracted providers, and volunteers as provided under HRS Section 302A-601.5 and HAR Section 8-7. The DOE shall perform the fingerprint and criminal background checks and charge the applicant a reasonable fee for all costs associated with conducting and processing criminal history checks of all applicant's employees, subcontracted providers and volunteers, including, but not limited to administrative and program staff members who work in close proximity to children as a result of being awarded a contract under this RFP. Applicants shall require all employees, subcontracted providers and volunteers to complete a copy of the DOE Form 90. Fingerprinting checks required under this section shall be completed before any employee, subcontracted provider or volunteer of the applicant is assigned to any work site.

The applicant shall maintain a record of the mandatory criminal history records check performed on each of its employees, subcontracted providers, and volunteers in compliance with the above. A national criminal history records check is required every three years or more frequently, if warranted.

Additionally, the applicant shall maintain and update a list of all new employees, subcontracted providers, and volunteers that document the status and completion dates of the mandatory background checks.

The Department reserves the right to monitor the applicant's compliance with this stipulation on an annual basis, at a minimum, through either an on-site evaluation or a documentation review.

d. TB Clearance Requirements

Applicants shall require and maintain a record of certificate of TB examination issued to employees, subcontracted providers and volunteers issued within twelve months prior to the start of employment of service. Certificate must state that the person is free of communicable tuberculosis.

2. Administrative

All applicants must identify procedures to maintain personnel files of the training, supervision, appropriate credentialing, and ongoing monitoring of all employee, subcontracted provider, and volunteer performance.

Applicants must identify how they would provide the necessary infrastructure to support the provision of services under this RFP.

An organization chart which clearly defines the applicant's lines of authority and organizational functions must be included.

Applicants must also submit personnel updates, to reflect any changes in staffing (i.e., new hires, terminations, changes in credentialing) for the organization's officers and **direct service** personnel. Current copies of the resumes or curriculum vitae and copies of licenses or certificates for all new hires or changes in credentialing must also be submitted.

3. Quality assurance and evaluation specifications

Applicants shall have a plan to evaluate the quality of services provided and the extent to which services provided meet the requirements of students' Individualized Education Program (IEP) or Modification Plan (MP).

All applicants must identify how they intend to comply with applicable District(s)/Complex(s)/ State Quality Assurance Plan (QAP).

If awarded a contract under this RFP, contracted providers shall need to participate in contract monitoring, as scheduled by DOE, but in no event less than annually. This contract monitoring is based on compliance with the DOE monitoring protocol and compliance with all administrative and fiscal aspects of the contract.

All documentation and all student records must be made available for inspection and/or copying upon request by the DOE, or for audits scheduled by the DOE within two (2) working days of the request.

4. Output and performance/outcome measurements

Applicants shall have the capability to prepare on-line data input of encounters and notes/comments with individual clients on a continuous basis in both the ISPED and PsyTrace Systems. The Department of Education-Kauai Complex Area SBBH-District Educational Specialist, the Special Education-District Educational Specialist and the Kauai Family Guidance Center-CAMHD shall review the reports.

Quality Assurance meetings with providers on the services being provided will also be conducted on a quarterly basis.

Timeliness of services, which includes adhering to State and Federal Guidelines under Hawaii Administrative Rules Chapter 53 and 56; Individuals with Disabilities Education Act (IDEA) and Section 504 – Subpart D of the Rehabilitation Act of 1973 (as amended in 1974).

5. Reporting requirements for program and fiscal data

a. Program Requirements

Applicants shall input relevant data into the ISPED and PsyTrace Systems, including but not limited to assessment data, case notes, visit logs, progress notes and quarterly reports from treatment sessions. In the event ISPED or PsyTrace is amended or unavailable, the applicant must use the data system specified, or alternatively, DOE may authorize substitution of hard copy reporting utilizing a designated format. In the event a paper system is instituted, the same timelines for reports shall apply.

Data entry into ISPED and PsyTrace must be completed before invoice submission and payment.

The DOE reserves the right to evaluate a contracted provider's program/service delivery for program monitoring purposes, on an annual basis, at a minimum, through either an on-site evaluation or a documentation review.

b. Fiscal Requirements

Tax clearance

If awarded a contract under this RFP, the contracted provider must submit the original tax clearance certificate upon the execution of a contract, and with the final invoice.

Invoices

Original monthly invoices plus two copies must be submitted within 14 calendar days after the last day of each calendar month to the District address to be specified. All appeals and corrections for reporting/invoice rejections must be resolved within the next 60 calendar days and late claims will not be accepted. Any appeals and corrections for reporting/invoice rejections shall constitute the end of DOE's requirement to pay within 30 days upon receipt of the original invoice. DOE's requirement to pay within 30 days starts on the day the corrected invoice is re-submitted and accepted by HDOE.

The DOE reserves the right to audit a contracted provider's financial records and billing documentation on an annual basis, at a minimum, through either an on-site evaluation or a documentation review.

c. Final Reports and Other Documentation

If a contract is awarded under this RFP, the applicant shall, at the completion of the contract period, submit a final written report summarizing contract performance to the DOE in a format to be prescribed by DOE. See Section 5 (Attachments), Attachment G.

The contracted provider shall submit an original tax clearance certificate upon the execution of a contract with the DOE and with the final invoice.

6. Pricing structure or pricing methodology to be used

The applicant is requested to furnish a reasonable estimate of services it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff) and to provide an hourly rate for each service being proposed.

The state purchasing agency may then negotiate the total cost for operating the program at a specific capacity.

7. Units of service and unit rate

Applicants shall be paid monthly based on the following rates:

a. Psychological Services
(Doctoral Level and Hawaii Licensed Professionals)

Base Rate: Base rate range of \$60 to \$95 per hour. Rates will be negotiated based on specialized service such as oversight of supervision of post-doctoral in-service or for advanced specialized training or extensive experience in the field and project.

Off-island Providers: An additional rate of up to \$30 per hour may be added to the base rate to be included in total compensation under the agreement to cover travel and ground transportation. There will be no additional compensation for overnight stays.

Supervision of Post-Doctoral Candidates: An additional rate of up to \$15 per hour may be added to the base rate

b. Psychiatric Services

Assessment Services: Base rate up to \$160 per hour.

Medication Management: Base rate up to \$120 per hour.

Off-island Providers: An additional rate of up to \$30 per hour may be added to the base rate to be included in total compensation under the agreement to cover travel and ground transportation. There will be no additional compensation for overnight stays.

D. Facilities

Not applicable.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Title Page*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the DOE with a broad understanding of the entire proposal. Include a brief description of the applicant's organization, the goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in the service specifications.

This section should also reflect how the response would integrate provision of these services through an educationally based approach as opposed to a clinical model.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, email and phone numbers. The DOE reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. Applicant must create and maintain an internal quality assurance and improvement plan (QAIP) to assure the delivery of quality educational services and a plan for program assessment and continuous improvement. This plan should explain how the agency would ensure outcomes from the services provided. As this is an educationally related service, the primary outcome measure the DOE is accustomed to is an improvement in grades, behaviors, or scholastic criteria as set forth in the student's IEP or MP. Applicant responses should seek to detail how work is evaluated and reviewed by supervisors, and to what degree providers are accountable for providing sound interventions in accordance with the requirements set forth in this RFP.

D. Operational Plan

The applicant should describe in detail how the applicant would address operational issues relating to the delivery of the services covered in this RFP. Specifically, the applicant should provide how it will handle new referrals, its policies and procedures for initiating services, ensuring records and reports are accounted for within timelines, how it monitors and verifies service delivery prior to and after billing claims have been

submitted, and will comply with the terms of this RFP or subsequent contract. In addition, the proposal should reflect how the applicant addresses concerns about its service providers, and how it resolves questions of provider conduct or performance.

If applicable, the applicant response should detail how the plan reflects past practice, or how it has been modified from the applicant's prior method of operation. If the applicant has no prior history servicing this population in Hawaii for the Departments of Education or Health, then it should demonstrate how these policies and procedures would be fully adhered to and provide some measure of verification in the proposal that they will be faithfully implemented if a contract is awarded.

E. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the Kauai Complex area. The applicant shall submit documentation and evidence of collaborative relationships with schools/district/complex, agencies, and community in the geographic area involved, inclusive of Children's Community Councils and other providers.

F. Facilities

Not applicable.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.) This should be reflected in the supporting resumes or curriculum vitae attached as part of the applicant's response. For each service type specified in the scope of services, the applicant should illustrate what it considers the norm for the qualifications and level of education or experience of its providers.

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable) The applicant shall also describe how staff are evaluated not only for

the mandatory background checks, but also for competence and ability to deliver the services in conformity with the applicant's own policies and within the requirements of this RFP.

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. The supervision ratios of supervisors to staff should be identified for each service activity. The applicant's ability to train its personnel should be specifically addressed. A description of the training program, how it will be enforced and implemented, and what it entails should be specifically described.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision (Include position title, name and full time equivalency). Both the "Organization-wide" and "Program" organization charts shall be attached to the POS Proposal Application.

IV. Service Delivery

The Service Delivery Section shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

Applicant responses shall address how they will deliver each service activity detailed in Section 2. Responses must include the provision of all services listed in this RFP. Applicants may not choose to omit any of the services in their response. Failure to address all of the service activities will be deemed as non-responsive and the proposal shall be rejected.

There is some divergence in nature and possible approaches to the services requested in this RFP. Applicants should indicate in the service delivery section how they would approach EACH of the services they are responding to. A generic response to how services will be addressed will not be scored highly. This section should contemplate the methodology, program integration, and allow a reviewer to differentiate one response from another for each service (i.e., a section discussing only assessments, a section discussing only parent therapy/counseling, etc.).

Applicants shall provide services for all schools within the Kauai Complex Area , including those schools in remote complex areas.

PSYCHOLOGICAL SERVICES	
ANTICIPATED UNITS NEEDED BY THE KAUAI COMPLEX AREA	
Emotional Behavioral Assessment - Comprehensive	10,800
Emotional Behavioral Assessment – Annual	4,800
Individual Counseling	34,848
Group Counseling	4,224
Family Counseling	5,280
Education Planning (IEP/MP) Participation	47,520
School Consultation	26,400
School Based Day Treatment Program Consultation	14,400
Emergency Crisis Intervention	2,376
Court/Due Process Hearing Testimony	720

PSYCHIATRIC SERVICES	
ANTICIPATED UNITS NEEDED BY THE KAUAI COMPLEX AREA	
Psychiatric Medication Evaluation	1,680
Medication Management	5,280

V. Financial

A. Pricing Structure

Applicants should submit a reasonable estimate of the number of units of services it can provide for each service being proposed. Applicants should submit an hourly rate for each service being proposed. In proposing an hourly rate, all direct and indirect costs must be included.

All budget forms, instructions and samples are located on the SPO website (<http://www.spo.hawaii.gov>). The following budget form(s) shall be submitted with the POS Proposal Application:

- **SPO-H-205 Budget**
- **SPO-H-205A Organization Wide Budget by Source of Funds**
- **SPO-H-205B Organization Wide Budget by Programs**
- **SPO-H-206A Personnel Salaries and Wages**
- **SPO-H-206B Personnel Payroll Taxes, Assessments and Fringe**
- **SPO-H-206C Travel Inter-Island**

- **SPO-H-206D Travel Out of State**
- **SPO-H-206E Contractual Services - Administrative**
- **SPO-H-206F Contractual Services - Subcontracts**
- **SPO-H-206G Depreciation**
- **SPO-H-206H Program Activities**
- **SPO-H-206I Equipment Purchases**
- **SPO-H-206J Motor Vehicle**

When preparing the SPO-H-205 Budget form, the first column should be used to reflect the total cost of the proposal. Applicants should use the additional columns for each specific service they are applying for to reflect the associated costs in delivering that service. If there is a set cost for some aspect of the service delivery, such as an office, the percentage of the cost should be assigned to each service as it relates to that cost. If an applicant is responding to more services than will fit on one form, they may continue on additional forms as needed.

Applicants should submit one copy of the most recent financial audit report (if applicable), however, the listed budget forms must be submitted for consideration.

DOE reserves the right to ask for additional information (i.e., information supporting or justifying service delivery, or monthly group rate) from each applicant. Additional information must be available for review during the proposal evaluation period.

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the POS Proposal Application (may be attached):

- A description of how applicants accounting system is organized to handle the contract;
- A description of the applicant's billing procedures including, if applicable, the procedures in which subcontractors are paid;
- Name of individual responsible for the accounting/billing system and his/her qualifications and position description;
- Applicant's most recent program annual report (if available);
- Applicant's most recent financial audit (if available);
- Description of the internal control structure used in the accounting system; and
- If accounting work is subcontracted, please describe.

2. Information System

The applicant shall describe the organization's current type of computer hardware, software, any plans for major changes to comply with Section 2 Service Specifications, C.5. (Reporting requirements for program and fiscal data, and the capability of your staff to use the system.)

VI. Other**A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

Applicants who meet all requirements based on the evaluation criteria listed in Section 4 – Evaluation and who obtains **a minimum score of 75 points** or higher shall be qualified to enter into a contract with the DOE. All qualified proposals will be ranked from highest to lowest score. Selection for contracts will be given to the highest ranking provider until capacity of the provider is met, and will proceed in a descending manner until the needs of the DOE is met (i.e., DOE will select provider #1 until their proposed capacity is met, followed by provider #2 until proposed capacity is met, etc.) The DOE will evaluate all proposals, select and award contracts determined to be the most advantageous to the STATE as delineated further in Section 4 – Evaluation.

DOE reserves the right to place a student with any accepted provider if there are compelling programmatic needs for such a placement.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Mandatory Requirements

Possible Points

Pass or Rejected

<i>POS Proposal Application</i>		100 Points
Program Overview	0 points	
Experience and Capability	30 points	
Project Organization and Staffing	10 points	
Service Delivery	40 points	
Financial	20 Points	
TOTAL POSSIBLE POINTS		100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Federal Certifications, see Section 5 (Attachments), Attachment H
- Rate Schedule

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

1. ***Program Overview:*** No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.
 - The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity.

- The goals and objectives are in alignment with the proposed service activity.
- The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.
- The applicant demonstrates a clear understanding of delivery of this service through an educational and not a clinical model.
- The applicant demonstrates a clear understanding of how to deliver these services in concert with the goals and philosophical approach of the Department of Education, and will incorporate its efforts under the Felix Consent Decree, the IDEA, and Section 504, Subpart D and integrate these efforts in assisting students to achieve school success.

2. *Experience and Capability (30 Points)*

The DOE will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services in an educationally based approach and through empirically based interventions. Responses should specifically address the experience and capacity of its supervisors, or those overseeing the delivery of the services and their knowledge or expertise in the interventions or in working with this population. [15 Points]
- Sufficiency of quality assurance and improvement plans (QAIP) for the proposed services, including methodology. [7 Points]
- Demonstration of the respondent's specific operational plan to manage and oversee the delivery of services. [7 Points]
- Demonstrated capability to coordinate services with other agencies and resources in the community. [1 Point]

3. *Project Organization and Staffing (10 Points)*

The DOE will evaluate the applicant's overall staffing approach to the service that shall include:

- That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. Does the agency have sufficient staff reflected in the attached resumes or curriculum vitae to provide the amount of services proposed or does the agency have a clearly detailed and viable plan for obtaining necessary staff? [1 Point]
- Minimum qualifications (including experience) for staff assigned to the program. The agency should have detailed and demonstrated a background review process as well as detailing

their screening process for determining competency of providers to deliver interventions in line with the agency's policies and the requirements of this RFP. [3 Points]

- Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. The supervision ratios of supervisors to staff are reasonable to ensure proper oversight and that the ratios are reflective of the degree of oversight needed for the respective ability of the individual providers. The agency's ability to train its personnel is specifically addressed and the training program, how it will be enforced and implemented, and what it entails should be specifically described. [5 Points]
- Organization Chart (Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks). [1 Point]

4. *Service Delivery (40 Points)*

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the POS Proposal Application.

- For each service in this RFP, the response has clearly detailed how the attendant tasks, obligations and reporting will be addressed. Responses should be clear both in their theoretical approach as well as how this will translate to actual provision of the service(s). [5 points]
- The means in ensuring prompt responses to referral, and a detailed description of the applicant's policies and procedures on how services are referred to their providers. This should also clearly demonstrate how this system will avoid service delays or keep the DOE apprised of service gaps. [5 points]
- The response should address how the applicant will service the remote or out-lying areas in the proposed school district(s) and ensure services will be available throughout the districts. [5 points]
- For each service, it should be clearly detailed how the tasks will be accomplished in a manner that will demonstrate quality outcomes for students. [5 points]
- Evidence that the service activities are in conformity with best practices as established under the developing Interagency Performance Standards and Practice Guidelines and are empirically based. [5 points]
- Demonstration of the applicant's commitment to least restrictive interventions. [5 points]
- A clear demonstration of the applicant's policies and procedures for identifying, addressing and managing transitions. [5 points]

Clearly addresses how the services will be delivered collaboratively with DDOE, and will focus on assisting the student's functioning in the educational system. [5 points]

5. *Financial (20 Points)*

The DOE will evaluate the applicant's cost proposal(s) and description of the applicant's overall fiscal operations that will include:

- Degree of competitiveness and reasonableness of unit cost(s) and cost proposal(s)/budget(s). [5 points]
- Degree to which the cost proposal(s)/budget(s) demonstrates support of the scope of services and RFP requirements. [5 points]
- Adequacy of accounting system and infrastructure to support electronic/manual billing requirements including a demonstration of the agency's ability to accurately track cost of related services by student served. [5 points]
- Demonstration of agency's financial solvency; submission of financial audit and management letter. [5 points]

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Emotional Behavioral Assessment (Comprehensive) Report
- D. Emotional Behavioral Assessment (Annual) Report
- E. School Based Day Treatment Program Consultation Weekly Case Review Report
- F. Psychiatric Medication Evaluation Report
- G. Final Project Report
- H. Federal Certifications

Proposal Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	(Required upon contract award)	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
<i>Federal Certifications</i>		Section 5, RFP	(Not required if applicant is a sole proprietor)	
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				
Most Current Financial Audit or Documents to Support Applicant's Solvency			X	

Authorized Signature

Date

Proposal Application

Table of Contents

I.	Program Overview.....	1
II.	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities.....	6
III.	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
IV.	Service Delivery.....	12
V.	Financial.....	20
	See Attachments for Cost Proposal	
VI.	Litigation.....	20
VII.	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1994	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirements	

Emotional Behavioral Assessment

Identifying Information

Name: *(last name first, and middle name)*

Sex: *(male or female)*

Date of Birth: *(e.g., March 2, 1987)*

Age: *(e.g., 10 year 9 month)*

Legal Guardian:

School *(school last attended or currently attending):*

Grade:

Date of Interview: *(multiple dates if applicable)*

Date of Report: *(report completion date)*

Referral Source:

Examiner: *(name & degree)*

IDEA/504/SEBD status:

Reason for Referral

Initial comprehensive report, SEBD determination, specific reasons/questions posed by referral source, e.g., disability determination, assessment for intervention in emotional/behavioral crisis, exacerbations of behavioral symptoms; serious and challenging behaviors, such as suicidal behavior, fire-setting, etc.

Sources of Information

Interviews (minimally subject student, parents/guardians or significant others, and school staff/service providers). Other interviews may be helpful: psychiatrist, probation officer, foster parents, DHS worker, FGC care coordinator, others who are involved and knowledgeable concerning the student. Note any other sources of information: past and current medical and legal records, school records, previous mental health evaluation records.

Chief Complaint or Presenting (Current) Problem

Student's subjective complaints (symptoms) & observed findings (signs) of teachers/guardians, main concerns from parent and other referral source(s)

History of Presenting Problem

(Onset, duration, severity/intensity, frequency, quality - include agencies involved in support services, e.g., DOE, DOH, DHS, CPS, OYS, family court.)

Past Mental Health History

Onset of symptoms/signs, diagnoses, past treatment (in- or out-patient settings or residential sites); result of interventions, relapse pattern if occurred and compliance, service intensity, intervention modalities, e.g., CBT, MST, DBT, etc.

Assessment Tools

Required: CAFAS, CALOCUS, and ASEBA data; if not current (within six months) required as part of assessment report data and source. WISC, MMPI, MAYSI-II, BASC2, Sentence Completion and any other tools used. List names of tools. Data will be reported in separate section.

Emotional/Behavioral Assessment

Name: *(last, first and middle)*

Date of Birth: *(month, day, year)*

Medical History

Birth history, contributory pre- and perinatal events/factors such as illnesses and accidents, treatments received (surgical operation and medications), loss of consciousness, congenital deformity, hospitalization, immunization, allergies, hearing and vision problems, chronic and/or familial diseases. And, if physician evaluator, a review of systems.

Current Medication

Current prescription medication(s) (name; dosage, administration time, potential side effects), target behavior/symptoms, student progress (compliance, effectiveness in controlling symptoms, etc., including feedback from parent and school), sites last medication was prescribed (clinic, private physician's office, hospital). List any complementary or alternative remedies used in past or currently.

Developmental and Psychosocial History**Developmental History**

Birth history such as pre-natal maternal complications or fetal distress, peri- and post-natal history (e.g., difficult labor, jaundice, premature delivery, other maternal and infant complications), birth weight and length, Apgar score, developmental milestones

Family History

Family origin or parental ethnicity, parental marital status and relationships, relationships among family members, parenting style, parental or family history of mental illness history (genetic predisposition), socioeconomic status, siblings, parental availability to children's needs), description of family dwelling (e.g., 2 bed rooms for 6 family members)

School History

Schools attended, grade, current educational status, educational testing, preschool program, special education status, repeated grade(s) and when and why, academic performances (strengths and weaknesses), behavioral problems and truancy, suspension, attitude towards school, including school observation (strongly recommended) or formal school data collection including report cards, deficiency notices, disciplinary actions.

Social History

History of peer relationships, ability and scope of meaningful relationships with others, current peer support, student identified social supports, social and group activities, gang affiliation

Sexual History

History of sexual activities, gender orientation, history of sexual abuse, birth control knowledge and practice, pregnancy, attitudes towards opposite sex

Emotional/Behavioral Assessment

Name: (last, first and middle)

Date of Birth: (month, day, year)

Substance Abuse History

History of substance use/abuse, kinds of abused drugs/substances and age at first usage of each drug, frequency and quantity consumed, alone or with others, drug sales and associated legal problems, family history of substance abuse, attitudes towards substance use/abuse. State whether student has attempted to discontinue drug use and with what effect.

Legal History

Types of violations/charges, adjudicative dispositions, recidivism, rehabilitative programs attended (success or failure, if failed, why? on probation or parole?), legal guardianship, guardian ad litem, public defender, attitudes towards past illegal activities.

Cultural or Transcultural Issues

Length of residence in Hawaii, other residence out of state, language spoken by student and family members at home, family cultural factors that may impact on intervention.

Assessment Tool Data:

Data from each measurement tool noted above, including minimally BASC2, ASEBA, CAFAS, and CALOCUS. Note data source (whether performed by current evaluator or other source of data). Scores and plotted profiles of the ASEBA and CAFAS should be attached to the report and noted in this section as an attachment.

Mental Status Examination

Appearance, attitude, behavioral observations. A general description include presence of any physical deformity or handicap.

Orientation: (time, place, person).

Affect and Mood: engagement pattern, eye contact, affect, depression, recent and past mood swings (depression, euphoria, excitement or irritability, noting frequency and duration of mood swings), and anxiety (including autonomic nervous system signs, e.g., flushing, perspiration, shortness of breath, palpitations, etc.). Psychomotor activity level. Speech pace, note any acceleration or delay.

Thought content/processes: fund of knowledge, intelligence, cognitive processes, and memory. Serial subtractions of 7's, presence/absence of any abnormal perception (hallucinations or illusions), cognitive distortions (paranoid thoughts or other delusions), attention span & distractibility, memory impulsive behavior, thought (content and processing), speech (enunciation, age-appropriateness, or unusual content or preoccupations).

Suicidal or homicidal ideation or threats; risk assessment.

School observation (highly recommended) or data from school.

Physical Examination

***Strongly recommended when evaluator is physician. Include blood pressure, pulse, height and weight as vital signs. Note obvious serious physical findings. Include a mini-neurological examination minimally noting presence or absence of tics (motor or vocal), tremors, or other abnormalities of movement. Include data from any movement scale used in the evaluation.*

Emotional/Behavioral Assessment

Name: *(last, first and middle)*

Date of Birth: *(month, day, year)*

Student's and Family Strengths

List student's assets, e.g., good physical health and appearance, any skills (painting, music, sports, readings), being articulate, good in math, etc.)

Presence of supports from parent(s), community, and/or significant others (girl- or boy-friend, fiancé), or grandparents, relatives, minister/priest), well-connected and closely following agency support staff.

Summary and Formulation

Reason(s) and rationale to support a diagnosis and to rule out others - based on biological, psychological, social and cultural factors and models. Vulnerabilities and protective factors should be also included if possible.

Diagnostic Impressions (DSM-IV)

All five axes diagnoses should be listed in the order of clinical importance with first diagnosis on Axis I being the focus of current treatment.

DO NOT list Rule Out (R/O) diagnoses. If a certain diagnostic entity is suspected but not yet clearly ascertained, include discussion or plans for clarifying or following-up either in formulation or recommendation section. On Axes I and II: if using NOS [not otherwise specified], delineate what features of diagnosis are lacking for a more specific diagnosis.

Educational Implications and Intervention Recommendations

*Describe and address needs of student and family. Include strengths-based recommendations supported by empirical research, including biological, psychological, social and/or cultural areas of intervention/management or added specialized assessments. **Avoid specifying a particular service, program, or eligibility status.***

Recommendations should reflect CASSP principles and interventions in less restrictive settings.

Note need for follow-up assessments, transition planning, and other specific follow-up measures such as laboratory tests, rating scales, etc.

Provider Information

Signature

Name and degree(s) of the evaluator including the position and name of institution/organization of the evaluator is affiliated (if indicated and appropriate).

Emotional/Behavioral Assessment: Annual Update

Identifying Information

Name: *(last name first, first and middle)*

Sex: *(male or female)*

Date of Birth: *(e.g., March 2, 1987)*

Age: *(e.g., 10 year 9 month)*

Legal Guardian:

School: *(school last attended or
currently attending)*

Grade:

Date of Interview: *(multiple dates if applicable)*

Date of Report: *(report completion date)*

Referral Source:

Examiner: *(name & degree)*

IDEA/504/SEBD status:

Reason for Referral

Student requires an annual assessment or psychiatric medication evaluation ,to determine current mental health needs and recommendations, as part of the IDEA/MP requirements, SEBD determination, continued DOH services, or specific reasons/purposes posed by referral source.

Sources of Information

Interviews (minimally subject student, parents/guardians or significant others, and school staff/service provider). Other interviews (psychiatrist, probation officer, DHS worker, FGC care coordinator) and past and current medical and legal records, school records, and previous/current emotional/behavioral evaluation records may assist the assessment update.

Current Problems and Concerns

Student's subjective complaints (symptoms) & observed findings (signs) of teachers/guardians, main concerns from parent and other referral source(s).

History of Presenting Problem Since Last Assessment

Describe onset, duration, severity/intensity, frequency, quality of any new problems presenting since last assessment. List agencies currently involved in intervention, e.g., DOE, FGC, CPS, OYS, SBBH agencies and other service provider agencies/ organizations.

Mental Health History Since Last Assessment

Interval history of interventions, changes in treatment approach, acute hospitalizations and other crises.

Medical History Since Last Assessment

Report changes in health status, diagnoses, medical and surgical treatment of conditions, name of PCP, and additional history obtained since last assessment. For physician examiners, include updated review of systems.

___ Emotional/Behavioral Assessment: Annual Update

Name: *(last, first, middle)*

Date of Birth: *(month, day, year)*

Assessment Tools

List names of tools. Required: CAFAS, CALOCUS, and ASEBA data; if not current (within six months) required as part of assessment report data and source. WISC, MMPI, MAYSI-II, BASC2, Sentence Completion and any other tools used. Data will be reported in separate section.

Current Medication

Current prescription medication(s) (name; dosage, administration time, potential side effects), target behavior/symptoms, student progress (compliance, effectiveness in controlling symptoms, etc., including feedback from parent and school).

Psychosocial History Since Last Assessment

Developmental History

See the attached previous report.

Family History

Add only changes and additions since the last assessment, e.g. birth or adoption of new sibling, divorce.

School History

Add only changes and additions since the last assessment. Report school observations or other forms of school data collected.

Social History

Add only changes and additions since the last assessment.

Sexual History

Add only changes and additions since the last assessment.

Substance Abuse History

Add only changes and additions since the last assessment.

Legal History

Add only changes and additions since the last assessment.

Cultural or Transcultural Issues

Add only changes and additions since the last assessment.

Assessment Data:

Data from each measurement tool noted above, including minimally BASC2, ASEBA, CAFAS, and CALOCUS. Note data source (whether performed by current evaluator or other source of data). Scores and plotted profiles of the ASEBA and CAFAS should be attached to the report and noted in this section as an attachment.

___ Emotional/Behavioral Assessment: Annual Update

Name: (last, first, middle)

Date of Birth: (month, day, year)

Mental Status Examination

Appearance, attitude, behavioral observations. A general description include presence of any physical deformity or handicap.

Orientation: (time, place, person).

Affect and Mood: engagement pattern, eye contact, affect, depression, recent and past mood swings (depression, euphoria, excitement or irritability, noting frequency and duration of mood swings), and anxiety (including autonomic nervous system signs, e.g., flushing, perspiration, shortness of breath, palpitations, etc.). Psychomotor activity level. Speech pace, note any acceleration or delay.

Thought content/processes: fund of knowledge, intelligence, cognitive processes, and memory. Serial subtractions of 7's, presence/absence of any abnormal perception (hallucinations or illusions), cognitive distortions (paranoid thoughts or other delusions), attention span & distractibility, memory impulsive behavior, thought (content and processing), speech (enunciation, age-appropriateness, or unusual content or preoccupations).

Suicidal or homicidal ideation or threats; risk assessment.

School observation (strongly recommended) or data from school.

Physical Examination

****Strongly recommended when evaluator is physician.** Include blood pressure, pulse, height and weight as vital signs. Note obvious serious physical findings. Include a mini-neurological examination minimally noting presence or absence of tics (motor or vocal), tremors, or other abnormalities of movement. Include data from any movement scale used in the evaluation.

Client's and Family Strengths

Update list of student's assets, e.g., good physical health and appearance, any skills (painting, music, sports, readings), being articulate, good in math, etc.).

Presence of supports from parent(s) and/or significant others (girl- or boy-friend, fiancé or grandparents, relatives, minister/priest), well-connected and closely following agency support staff.

Summary and Formulation

Reason(s) and rationale to support a diagnosis and to rule out others, to be based on biological, psychological, social and cultural factors and models. Vulnerabilities and protective factors should be also included if possible.

Diagnostic Impressions (DSM-IV)

All five axes diagnoses should be listed in the order of clinical importance with first diagnoses being the focus of current interventions.

DO NOT list Rule Out (R/O) diagnoses. If a certain diagnostic entity is suspected but not yet clearly ascertained, include discussion or plans for clarifying or following-up either in formulation or recommendation section. On Axes I and II: if using NOS [not otherwise specified] delineate what features of diagnosis are lacking.

____ Emotional/Behavioral Assessment: Annual Update

Name: *(last, first, middle)*

Date of Birth: *(month, day, year)*

Educational Implications and Intervention Recommendations

List recommendations in the order of biological, psychological, social and/or cultural areas of treatment/management interventions.

For school, services, follow-up assessments, transition planning, recommended follow-up clarifications.

Sources of Additional Information – Most Recent Emotional/Behavioral Reports:

(attach reports)

- *Admission & Discharge summaries*
- *Intervention summaries including provider monthly summaries*
- *Consultations including pediatric medication assessments*

Provider Information

Signature

Name and degree(s) of the evaluator

The position and name of institution/organization of the evaluator is affiliated (if indicated and appropriate).

**Kauai Day Treatment
Weekly Case Review Meeting**

Date

Participants:

A) Case Review

Student _____

Academics:

Behavioral:

Family: Date of last parent encounter _____

Progress to Goals and Objectives

Y P N

Goal for the week:

Plan of Action:

B) Group topic and curriculum for the week:

Monday	Tuesday	Wednesday	Thursday	Friday

C) Special Event Schedule:

D) Next Meeting

Date:

Agenda Items:

Psychiatric Medication Evaluation

Identifying Information

Name: *(last name first, first and middle)*

Sex: *(male or female)*

Date of Birth: *(e.g., March 2, 1987)*

Age: *(e.g., 10 year 9 month)*

Legal Guardian:

School: *(school last attended or
currently attending)*

Grade:

Date of Interview: *(multiple dates if applicable)*

Date of Report: *(report completion date)*

Referral Source:

Examiner: *(name & degree)*

IDEA/504/SEBD status:

Reason for Referral

Student requires an annual assessment or psychiatric medication evaluation ,to determine current mental health needs and recommendations, as part of the IDEA/MP requirements, SEBD determination, continued DOH services, or specific reasons/purposes posed by referral source.

Sources of Information

Interviews (minimally subject student, parents/guardians or significant others, and school staff/service provider). Other interviews (psychiatrist, probation officer, DHS worker, FGC care coordinator) and past and current medical and legal records, school records, and previous/current emotional/behavioral evaluation records may assist the assessment update.

Current Problems and Concerns

Student's subjective complaints (symptoms) & observed findings (signs) of teachers/guardians, main concerns from parent and other referral source(s).

Mental Health History Since Last Assessment

Interval history of interventions, changes in treatment approach, acute hospitalizations and other crises.

Medical History Since Last Assessment

Report changes in health status, diagnoses, medical and surgical treatment of conditions, name of PCP, and additional history obtained since last assessment. For physician examiners, include updated review of systems.

Assessment Tools

List names of tools. Required: CAFAS, CALOCUS, and ASEBA data; if not current (within six months) required as part of assessment report data and source. WISC, MMPI, MAYSI-II, BASC2, Sentence Completion and any other tools used. Data will be reported in separate section.

Assessment Data:

Data from each measurement tool noted above, including minimally BASC2, ASEBA, CAFAS, and CALOCUS. Note data source (whether performed by current evaluator or

___ Psychiatric Medication Evaluation

Name: *(last, first, middle)*

Date of Birth: *(month, day, year)*

other source of data). Scores and plotted profiles of the ASEBA and CAFAS should be attached to the report and noted in this section as an attachment.

Current Medication

Current prescription medication(s) (name; dosage, administration time, potential side effects), target behavior/symptoms, student progress (compliance, effectiveness in controlling symptoms, etc., including feedback from parent and school).

Psychosocial History Since Last Assessment

Developmental History

See the attached previous report.

Family History

Add only changes and additions since the last assessment, e.g. birth or adoption of new sibling, divorce.

Substance Abuse History

Add only changes and additions since the last assessment.

Mental Status Examination

Appearance, attitude, behavioral observations. *A general description include presence of any physical deformity or handicap.*

Orientation: *(time, place, person).*

Affect and Mood: *engagement pattern, eye contact, affect, depression, recent and past mood swings (depression, euphoria, excitement or irritability, noting frequency and duration of mood swings), and anxiety (including autonomic nervous system signs, e.g., flushing, perspiration, shortness of breath, palpitations, etc.). Psychomotor activity level. Speech pace, note any acceleration or delay.*

Thought content/processes: *fund of knowledge, intelligence, cognitive processes, and memory. Serial subtractions of 7's, presence/absence of any abnormal perception (hallucinations or illusions), cognitive distortions (paranoid thoughts or other delusions), attention span & distractibility, memory impulsive behavior, thought (content and processing), speech (enunciation, age-appropriateness, or unusual content or preoccupations).*

Suicidal or homicidal ideation or threats; risk assessment.

School observation (strongly recommended) *or data from school.*

Physical Examination

***Strongly recommended when evaluator is physician. Include blood pressure, pulse, height and weight as vital signs. Note obvious serious physical findings. Include a mini-neurological examination minimally noting presence or absence of tics (motor or vocal), tremors, or other abnormalities of movement. Include data from any movement scale used in the evaluation.*

____ Psychiatric Medication Evaluation

Name: *(last, first, middle)*

Date of Birth: *(month, day, year)*

Summary and Formulation

Reason(s) and rationale to support a diagnosis and to rule out others, to be based on biological, psychological, social and cultural factors and models. Vulnerabilities and protective factors should be also included if possible.

Diagnostic Impressions (DSM-IV)

All five axes diagnoses should be listed in the order of clinical importance with first diagnoses being the focus of current interventions.

DO NOT list Rule Out (R/O) diagnoses. If a certain diagnostic entity is suspected but not yet clearly ascertained, include discussion or plans for clarifying or following-up either in formulation or recommendation section. On Axes I and II: if using NOS [not otherwise specified] delineate what features of diagnosis are lacking.

Recommendations

List recommendations in the order of biological, psychological, social and/or cultural areas of treatment/management interventions.

For school, services, follow-up assessments, transition planning, recommended follow-up clarifications.

Provider Information

Signature

Name and degree(s) of the evaluator

The position and name of institution/organization of the evaluator is affiliated (if indicated and appropriate).

**DEPARTMENT OF EDUCATION
SCHOOL BASED BEHAVIORAL HEALTH SERVICES
FY _____ FINAL REPORT**

AGENCY: _____

CONTRACT NO: _____

Overview of Delivery of Services:

- Student population served (ie: age range)
- Student population identification (ie: race, geographic areas)
- How was student referred to agency
- Types of services delivered by the agency
- Average length of stay, duration of services

Unique Qualities of Program:

- Distinguishing characteristics of program that sets it apart from similar programs administered by other agency providers
- How was agency able to integrate services with schools, agencies, and other contracted providers

Areas Needing Improvement:

Barriers to Providing Services:

Quality Management Activities:

- Describe quality management activities during the FYXX-XX and its compatibility with District QAP plans
- The goals for FYXX-XX
- Measurable objectives which include:
 - Parent, student and school satisfaction with the services as was delivered
 - Student progress and service outcome measures related to overall academic achievement and behavioral successes
 - Timeliness of services, including:
 - Percentage of assessments completed and submitted within the 60 day timelines as established under IDEA;
 - Percentage of monthly/quarterly student service plans and progress summary reports and progress notes submitted during the required timelines as established under the contract terms; and
 - Time from authorization of service to initiation of service.

Staff Summary and Types of Services Provided:

- List of employees and subcontractors employed during FY, including their credentials and types of service each provided
- List of all new employees (hired after 07/01/XX) and volunteers showing status and completion date of mandatory background checks
- Student to Staff Ratio
- Recruitment efforts and results
- Pay scale in relation to market value
- Retention problems, issues

Staff Training:

- List of staff trainings and workshops during FY
- Number of hours employees or subcontractors spent in training

Evaluation of Staff and Subcontractors:

- Evaluation schedule, frequency
- Evaluation methodology/criteria
- Personnel involved in the evaluation process

Future Plan of Action for Next Fiscal Year:

- Anticipated personnel changes
- Proposed student to staff ratio for upcoming year
- Program improvements
- Accreditation plans
- Submit updated (most recent) agency annual report
- Submit updated (most recent) agency financial audit, if applicable
- Disclose any pending litigation to which they are a party, including disclosure of any judgments, if applicable

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited

- in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about-
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
 - (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management Office of Grants Management Office of the Assistant Secretary for Management and
Budget Department of Health and Human Services 200 Independence Avenue, S.W.,
Room 517-D Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated

funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her

knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Signature of Authorized Certifying Official	Title
Applicant Organization	Date Submitted